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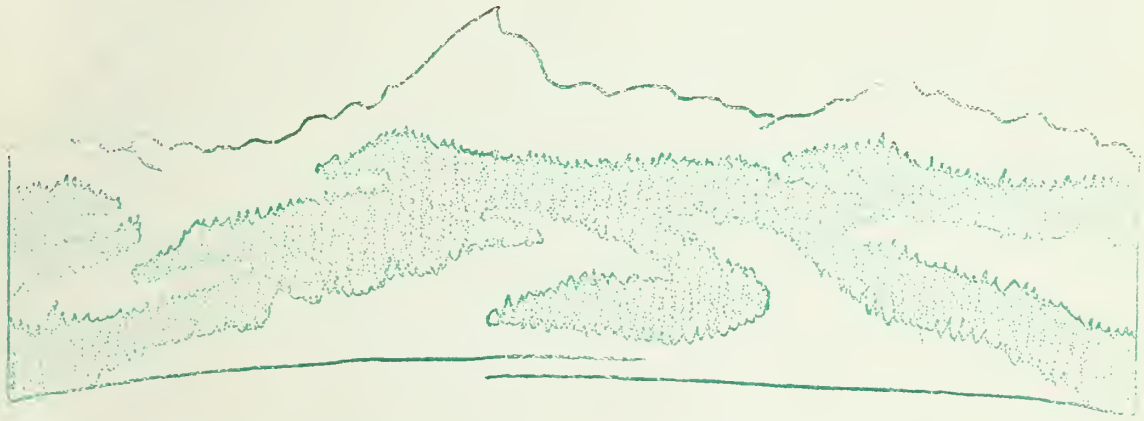

THE BIG SKY COUNTRY

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THE MONTANA MAVERICK

A publication of Warm Springs State Hospital, Warm Springs, Montana

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AMERICAN FRIENDS SERVICE COMMITTEE PROJECT

The Montana Program Committee of the American Friends Service Committee in cooperation with Warm Springs State Hospital is sponsoring a full-time, nine week volunteer service project at this hospital. The program started on June 16th with, Ronda Sandquist, Sheena Graham, Barbara Habedank, Merrilee Hall, James Fay and Ray Moore, project director, from the University of Montana; and Barbara Beckens from Montana State University, comprising the unit membership.

The volunteers comprise an institutional service unit that is assisting the regular staff of the hospital in the Psychology, Social Service and Activity Therapies Departments. Within the framework of the responsibilities of the above-mentioned departments, the student-volunteers are working with groups and individuals in specific areas of endeavor. In addition to the regular work day the unit members have their own discussion periods and study various aspects of the broad field of mental health. A number of hospital staff are involved in providing information and assistance to the unit members in the effort to make their experience at Warm Springs State Hospital effective and meaningful for both the patients and the volunteers.

The service group is made up of students or graduates of the universities who are motivated by a desire to serve the patients at this hospital. The sponsoring agency screened the individuals who made application for membership in the project. The unit plan has been devised to give support to each member of the group and to provide for the valuable group discussion that is an integral part of the project.

The service unit, while helping to alleviate personnel shortages during the vacation period, also has the longer range value of making the group members familiar with Warm Springs State Hospital and with the treatment of the mentally and/or emotionally ill of Montana. In some cases the experiences gained in the hospital setting may assist students in determining whether or not they wish to pursue a career in the health field. Other long term benefits relate to the information the unit members take back to their communities relative to the responsibilities of all citizens for the care and treatment of the mentally ill. The insight into institutional life gained during this experience will enable the individuals to interpret their experiences and the hospital program in a more meaningful manner to those persons outside of the hospital community.

This project, while still in the early stages of operation, has every indication of being the type of cooperative program that will be of benefit to the patients, the students and others who are concerned with the treatment and care of the hospitalized psychiatric patient.

A LOOK TO THE FUTURE
OF
MONTANA FACILITIES FOR THE AGED

No state can consider itself progressive unless it plans for the future. By the year 1982, for instance, what will this State need in the way of housing for the projected increase in population. What will it need in the way of schools, transportation, electric power, gas, water, and a thousand other items? In some areas it will be hard to project, but in others we can predict with some degree of accuracy. One of these predictable problems that can cease to be a problem with adequate planning is in the area of the Senior Citizen.

At this time, we have approximately 70,000 such people in our State. Within ten years, it is estimated that there will be slightly over 100,000. There are many rest homes in operation right now but these don't even meet today's needs. There is one State Home for the Aged and it only has a capacity of 146 residents. Warm Springs State Hospital has several hundred patients who are elderly and are being cared for simply because there is nowhere else for them to go. Not everyone can afford private care, either in rest homes or local hospitals. If our State facilities are inadequate now and there are going to be more and more of these people by 1982, then what are we going to do? Logically, we can't sit around and wait until it is too late. It is up to us to see to it that our elected representatives over the next ten years enact suitable legislation and provide the necessary funds to meet this crisis.

Aside from the necessary research as to numbers, types of facilities required, location, availability of trained personnel, costs, etc., we must begin by examining our present situation. An up to the minute check on all licensed facilities ranging from the Extended Care Homes to Boarding Homes indicates that there is a total of 106, with a bed capacity of 4,505. This means that as a maximum, we could provide care for some 6.5% of all known persons 65 years of age or over.

There are two major Homes for the Aged in the State. One is for veterans and is located at Columbia Falls. The other, known as the Montana Home for the Aged, is located at Lewistown, some 90 miles due East of Great Falls. This single story, four winged complex, erected on a 40-acre site, just a few blocks from downtown Lewistown, at a cost of over $900,000, was dedicated in August of 1952.

This home has a capacity of 146 people about equally divided between men and women. The majority of the rooms are semi-private, with some private and a few designed for three people. One of the three-bed bedrooms is used as an infirmary. Each wing has a spacious dayroom with T.V., and in addition, the men's sections have pool tables. Weather permitting, all residents have what we at Warm Springs State Hospital term "ground parole". At Lewistown, this not only encompasses the institution grounds, which includes ten acres of lawns, but also includes the freedom of going into town, which is only seven blocks away. Other physical characteristics include a stream, known as Little Casino Creek, which winds through the site. The home also has two station wagons, which can

be used as ambulances, and a new 12-passenger bus, used for longer trips and recreational purposes.

The staff consists of 33 full-time and four part-time employees. There is a Registered Nurse on duty at all times. In accordance with Medicare and Medicaid regulations, each doctor in town has been assigned an equal number of patients. Each patient sees his doctor once a month. Aside from this and annual chest X-rays, medical attention is provided as required. The local hospital handles all serious or major medical problems. All residents of the Home for the Aged are transfer patients from Warm Springs State Hospital.

There are plans that would increase the capacity of this home but it will be up to the next legislatures to authorize such an expansion.

The Montana Veteran's Home at Columbia Falls is a joint Federal and State undertaking. This facility has a capacity of 100 residents, both male and female. A rather unique feature is that veterans and their wives may live together in this institution. Widows of veterans, who meet the other admission requirements, are also accepted at this home. Presently, the staff consists of 25 full-time employees, plus three Emergency Employment Act personnel. A new nursing home addition will be added this year. This will increase the resident capacity to 140 and will necessitate expansion of the staff as well.

So, there you have it — a thumbnail outline of where we stand as of now. Where do we go from here? What can we do to bring about the required changes so that we "stay on top" of this problem? To insure that this State is willing to assume its responsibility in this area we must initiate the action. We must always keep in mind that we, the PEOPLE, are the State, and we have the ultimate responsibility for how this State functions.

There are several agencies, both Federal and State, that are concerned about the elderly. There is a Commission on Aging, a Department of Health, a Social Services Division of the Welfare Department, a Veteran's Welfare Commission, a State Economic Opportunities Office, an Employment Security Commission, a Department of Institutions and a whole battery of Federal Agencies operating within the State of Montana. Each of these has some expertise in specific problems of the aged. The areas covered range from food, housing, health, employment, etc., to recreation, transportation and the like. Representatives of all these agencies and commissions meeting with interested and capable Senior Citizens in a "think tank" type of session could certainly come up with solutions to the major problems. It is quite essential that these people be involved in all planning that concerns them. No group, minority or otherwise, likes to be told — "We are going to do this or that for you. In other words, we planned out the whole program — you have no choice but to like it."

In the final analysis, it comes down to POLITICS. Can suitable legislation be passed within the next ten years? There is no doubt that it could, particularly, if and when, this considerable block of voters pulls together and insists on it.

(Continued on Last Page)

PRACTICUM STUDENTS

From April 25, 1972 to June 9, 1972, there have been three students from the University of Montana working here at Warm Springs State Hospital. We are here as practicum students from the University of Montana, Social Welfare Department. This program consists of upper classmen students in Social Welfare that earn twelve credits by working in an agency. By doing this, we gain practical experience which is valuable to our chosen field of Social Work.

The three students for this quarter were Carla Teigen, Kathy Pierce, and Doug Hartsell. Each student was assigned a unit and worked with the Social Workers in Receiving Hospital. Carla Teigen was assigned Central Unit and worked with Ron Sain. Kathy Pierce was working with Laura Nicholson and Bernie Sturm on Western Unit, while Doug Hartsell worked with Eastern Unit with Dave Eccleston.

Each student assumed the job of Social Worker. We were responsible for taking social histories, follow-up, discharge planning and doing casework with our patients. Each student participated in group therapy as a co-therapist. We were also responsible for attending staff and supervisory meetings with the Social Services Department.

Kathy Pierce, through the help of Social Services and the Alcoholic Treatment and Rehabilitation Program, was able to spend a week at Galen with the men and women undergoing treatment for alcoholism. This was her independent study and gave her a great deal of insight to the well known problem of alcoholism.

We enjoyed our work here, although it was, at times, frustrating. Our experiences made us aware of the multitude of problems and needs of other people, while helping us to learn to deal with them. We found it frustrating that there were so many patients with so many needs and not the staff, communication, time or facilities to care for them adequately.

We feel that it is important for this hospital to be a treatment center. In closing, we say "thanks" to the staff and patients who enhanced our learning experience.

Kathy Pierce and Carla Teigen

GERONTOLOGY

Webster's Collegiate Dictionary describes Gerontology as a branch of knowledge dealing with aging and the problems of the aged. In recent years, there has been much attention given to this segment of our population. Why has it been necessary for our national and local governments to take a closer look at the so-called "Senior Citizen" and the problems of the aged? Quite simply, because old age is almost as inevitable as death and each decade these people are becoming more and more a larger percentage of our total census. Thanks to fantastic advances in the medical field, in nutrition, expanded community services, and the like, people are living longer. Actuarial figures available today indicate that a person born in 1950 can expect to live to the age of 74. This we can see all around us. Even the State of Montana which isn't known as a haven for the retired aged, has a high percentage of elderly people. This state has 68,737 individuals who are 65 years of age or older. I find this next figure hard to believe, but it has been confirmed that there are 282 people in this state who are 100 years of age or older. Quite understandably then, this situation does pose problems not only for the individual but for the community, and, in fact, for the State and its institutions.

If it were only one problem affecting the aged, possibly they could cope with it. Unfortunately, the process of aging brings on a multiplicity of changes in the physical, social, and economic spheres of life. Each person on the threshold of aging experiences "loss". It may be the slow process of losing his physical abilities, the inability to do things for himself. It may be the loss of a job through retirement with the subsequent boredom and the loss of social contacts. Quite frequently the transition means economic hardships -- the frustrations of living on a very limited fixed income derived from Social Security and maybe a small pension. All this in the face of increased cost of living and additional medical expenses are just a few of the difficulties facing the aging members of our society. Some do adjust to the situation quite well, but many do not; and this is where we as future "Senior Citizens" must enter the picture.

From earliest infancy, each human being is taught to do things -- to be independent. All through his adult working life, he carries out job obligations with varying degrees of supervision. He has, over a 60 to 65 year period, acquired a series of skills and capabilities designed to make him self-sufficient. Suddenly, the whole outlook changes -- he finds he depends on people or agencies and frequently he rebels. He refuses assistance; he doesn't want charity. He fails to understand why he can no longer do things for himself. There is a loss of "pride" in trying to adjust to these changes. Some of these people refuse to avail themselves of the "Food Stamp Program". Others see housing for senior citizens as another step in the process of segregation or as another encroachment on their freedom to live wherever they want.

Since this will be the first of a series of articles on Gerontology, let's pause for a moment to make a breakdown so that there will be a logical follow-up in subsequent publications. We have mentioned that some

people do adjust to their new "limitations" and function well at home in the community. Then there are those who can afford local rest homes and these individuals fall into a separate category. Lastly, there are those who find their way into county or state institutions whose problems differ from those in the first two situations. In the latter groups of those in state institutions we have another breakdown. Some are in institutions for the aged and others are in the State Hospital. Within the State Hospital there are those who are there for medical and/or psychiatric care, and those who are there merely because there is no place else for them to go.

Let's look at those who remain in the community. Living in the State of Montana brings to these people some very distinct advantages and some disadvantages. Many retired individuals own their own homes, but there is a serious shortage of low rent housing in this State. Some own their own cars, but because our winters are long and severe, they frequently do not drive for five or six months of the year. Public transportation is minimal if it exists at all. Those living in the major cities do have delivery of food, medicines, newspapers, etc., but many do not. Many cities in Montana do not even have mail delivery -- you have to go to the Post Office to pick up your mail. Our state is large area-wise but small in population. We have probably the finest fishing, hunting, and outdoor sports in the country; but for one reason or another, industry has not been attracted to Montana. This has resulted in the scarcity of job opportunities, particularly part-time work for older people. This employment factor also frequently results in the younger members of a family being forced to migrate to other states for economic reasons -- thus adding to the loneliness of the retired senior member.

Delving a little further into the disadvantages, we find some tangible complications. Many of these are fortunately surmountable if the community is ready and willing to take decisive action. Breaking the problems into specific areas will be helpful.

HOUSING

While many do own their own homes, there are still some difficulties. All too frequently these people are no longer able to cope with the minor repairs necessary to keep the structure in order. Simple things like changing ceiling light bulbs, putting up storm windows or screens, cleaning the walks of snow, minor repairs and the like, become major problems. Many communities around the country have set up volunteer groups in given areas who regularly visit these people and attend to these household chores.

Another group of older people, particularly the men who are left alone with a large home, decide to sell and move into apartments if available. These are usually small apartments or even single rooms and frequently they begin to "press in" on the individual who does not get out very much. Serious problems arise, particularly in the areas of cooking, cleaning, and maintenance of personal appearance. There should be no reason for this situation to exist in our communities. Good housing where your rent is determined by your income, can be made available through federal funding.

NUTRITION

Many elderly patients admitted to our hospitals are suffering from malnutrition among other things. Because of the seriousness of this problem; both the Office of Economic Opportunity and the Department of Health, Education, and Welfare have funded a wide variety of food programs, including the very successful "Meals on Wheels". Funds are available provided the communities are willing to organize and administer the programs.

Not infrequently, these people cannot afford more nourishing meals and this situation is deplorable. We know there are Food Stamp Programs available, but these people often do not avail themselves of this assistance. Do not dismiss them by saying it's their own fault. It really isn't. Why isn't the Department of Agriculture food program dispensed by that Department instead of by the local Welfare Departments? These people are independent -- they would rather do without than go to a Welfare Office. We, the voters, supposedly have a say in how our governmental agencies function -- why can't we change this policy?

TRANSPORTATION

As mentioned before, some of our older people have cars; but the weather conditions in Montana are often so severe that these cars stay in the garage all winter. Most of our communities do not have public bus transportation and taxi cabs, if available, are expensive. With the closing of many smaller "chain" grocery stores in favor of moving to new shopping centers, people of all ages who do not have private cars are finding it more and more difficult to get the better "buys" in food and the necessities of life. Sure, they can go to the local independent stores, but this necessitates paying higher prices which they can little afford.

Different cities will come up with different solutions. Butte, being a recipient of Model City funds, has a Senior Citizen Bus that has no set route, but rather picks up its passengers at home and takes them to the shopping center, to the doctor's office, etc., and returns them to their homes. Why couldn't a similar program be initiated in other cities using school buses? Are we really accomplishing anything with over 80% of these school buses sitting idle all day while the students are in school?

Probably the most debilitating factor affecting the geriatric person is loneliness caused by lack of family or isolation. This could be combated by such things as T.V., newspapers, and particularly by the telephone. Many communities have instituted a telephone service whereby volunteers call a select number of elderly "shut-ins" each day just to check on them and their needs. There is no doubt that some of the elderly want to be left alone, but too often it happens by accident. They want some attention, they want to talk to people; but we are so busy that we ignore them. Such action on our part results in these individuals becoming more and more incapable of coping with their problems and caring for themselves until they have to go to a rest home or to an institution. It would be much more beneficial to these people if they could be maintained

in their own communities. Unless there is some specific medical or psychological problem that necessitates institutionalization, we should do everything possible to keep their lives as nearly normal as possible.

Subsequent articles will further explore the problems of the aged. A very appropriate closing to this general review are the words uttered by Dr. Carl Jung who at the age of 85 expressed himself in these words — "It is not the fear of death that plagues our lives, so much as the fear of a loveless old age".

John J. Sullivan

A LOOK TO THE FUTURE OF MONTANA FACILITIES FOR THE AGED (Continued)

One last thought to tickle your brains! Do we really want to expand our existing facilities for the aged or should we look at another approach? Suppose we decide that within the next ten years we will need to care for an additional two thousand people. Since it is an accepted fact in gerontology research that older people should be kept in or close to their communities so that they can be near relatives and friends — why not build twenty 100-bed complexes instead of adding a 500 unit here and there? Added to the advantage of having "new industry" spread around to benefit many communities, we would have the additional factor of creating some "part-time" work for other Senior Citizens.

There is very little any of us can do (except die) to prevent our becoming Senior Citizens. There is much we can do to improve conditions for those who have reached this period of time. The choice is ours — either we bury our heads in the sand, or we look to the future and get involved.

John J. Sullivan